

**STATE OF INDIANA  
COURT**

**IN THE MATTER OF:**

**(child's name); CAUSE#**  
**DOB/(Age) ; ☐ Male ☐ Female; Race,**  
**Mother: , Father:**

**CHILD(REN) ALLEGED TO BE IN NEED OF SERVICES**

**PROGRAM OF INFORMAL ADJUSTMENT**

Written information regarding , child(ren), date of birth, , has/have been submitted to the undersigned Family Case Manager (FCM), who determined there is probable cause to believe that said child(ren) is/are child(ren) in need of services.

*(Select the applicable situation)*

☐ A Child and Family Team was assembled on (date) for the benefit of the child(ren). The Team was able to develop plans for this Program of Informal Adjustment (hereinafter referred to as IA), based on the needs of the family and by building on the family and child(ren)'s inherent abilities and strengths.

**OR**

☐ The undersigned FCM, in conjunction with the child(ren) and his/her parent(s), guardian(s), custodian(s) developed this Program of Informal Adjustment (hereinafter referred to as IA).

The IA will be undertaken for a period of not more than six (6) months. The IA is subject to the approval of a court of competent jurisdiction. The FCM may request extension of the program of informal adjustment for not more than an additional three (3) months.

The rights of any parent/guardian/custodian who is not an active party to this IA are not altered by this IA.

**The Program of IA shall consist of:**



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**A. The following terms and provisions:**

**1. CONTACT THE CASEWORKER:** will contact the Family Case Manager every week to allow the Family Case Manager to monitor compliance with this program of Informal Adjustment. The contact may be in person, by letter or by telephone.

**2. NOTIFY THE CASEWORKER:** will notify the Family Case Manager of any changes in my address, household composition, employment or telephone number within five (5) days of said change.

**3. CASEWORKER VISITS:** will allow the Family Case Manager or other service providers to make announced or unannounced visits to the home of the child(ren), including entrance to the home to ensure the safety of the child(ren).

**4. ENROLLMENT:** If a program or programs is/are recommended by the Family Case Manager or other service provider, will enroll in that program within thirty days and participate in the program as scheduled by that program without delay or missed appointments. If I am required to obtain an assessment, I will arrange to complete that assessment within 30 days.

**5. KEEP ALL APPOINTMENTS:** agrees that all appointments with any service provider, DCS, or CASA will be kept or good cause will be given to the service provider and the Family Case Manager for the missed appointment.

**6. WRITTEN AUTHORIZATIONS TO RELEASE INFORMATION:** will sign any releases necessary for the Family Case Manager to monitor compliance with the terms of this order.

**7. REMAIN IN THE COUNTY:** will ensure that the child(ren) is/are not removed from this County for a period of more than seventy-two (72) hours without the specific consent of the Family Case Manager.

**8. SUITABLE HOUSING:** will maintain suitable housing with adequate bedding, functional utilities, adequate supplies of food and food preparation facilities. I will keep the family residence in a manner that is structurally sound, sanitary, clean, free from clutter and safe for the child(ren).

**9. SOURCE OF INCOME:** will secure and maintain a legal and stable source of income, which may include public assistance, adequate to support all the household members, including the child(ren).



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**10. PROTECTION PLAN:**                will assist in the formulation and put in place a protection plan which protects the child(ren) from abuse or neglect from any person.

**11. CARE FOR CHILD(REN):**                will see that the child(ren) is/are properly clothed, fed and supervised. If they are of school age,                will assure the child(ren) is/are properly registered/enrolled in and attending school or provide verification that the child(ren) is/are participating in an approved educational program.                will fully cooperate with each child's school regarding any issues concerning the child(ren).

**12. ESTABLISH PATERNITY:**                will establish paternity on any of the child(ren) for whom legal paternity has not been established as of the date of this agreement, and shall seek and enforce a child support order for each child, and furnish proof thereof to the Family Case Manager.

**13. PROHIBIT THE USE OF DRUGS/ALCOHOL:**                will not use, consume, manufacture, trade, or sell any illegal controlled substances, and will only take prescription medications for which a valid and current prescription exists and then only in the doses and frequencies specified in the prescription. I will not permit the possession, use or consumption any illegal controlled substances or alcohol in the home or in the presence of the child(ren).

**14. OBEY THE LAW:**                will obey the law.

**B.**                *(list participants)* voluntarily consent(s) to the jurisdiction of the Court over this Program.

**C.**                *(list participants)* waive(s) any right to a court hearing prior to incorporation of the terms of this IA by the Court as an Order of the Court.

***CHOOSE ONE OPTIONAL PARAGRAPH 4***

☐ **D.** *(select this paragraph when the CW311 is not yet approved on the date the IA is signed)* If, prior to or during the implementation of this IA, one or more allegations of child abuse or neglect that also resulted in this IA are substantiated by DCS, the substantiation



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will be entered into the Child Protection Index and the responsible person will be given the right to administrative review. Any applicable review right of an individual who has entered into this IA is stayed while the IA is under court supervision. By signing this IA, an individual does NOT indicate a waiver of any right to review or appeal available by law after a court has closed the IA.

**OR**

☐ **D.** *(select this paragraph if a substantiated CW311 has been approved on the date the IA is signed)* One or more allegations of child abuse or neglect that resulted in this IA has/have been substantiated by DCS and this information has been entered into the Child Protection Index (CPI). Any person found by DCS to be a person responsible for the child abuse and/or neglect has been notified of the substantiation and the right to administrative review of the DCS determination, or will be notified within 30 days of the date the substantiation is entered into the CPI. Signature on this IA does not indicate an admission to the allegations(s) of child abuse and/or neglect nor does it act as a waiver of an individual's right to administrative review of the substantiation. To preserve any right to administrative review of the substantiation, an individual must request the review in accordance with the Notice of Investigation Outcome. If a request for administrative review is received timely, the review will be stayed while this IA is under court supervision.

**E.** During the IA, the child(ren) shall be under the supervision of (name and relationship to child(ren)).



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I have read the IA described in this document and I understand its terms and provisions. I consent and agree to participate in accordance with each term and provision in it. I agree to cooperate with the Family Case Manager to see that the above provisions are met, and to bring any questions or uncertainties about this agreement to the Family Case Manager's attention immediately. I understand that if I do not participate in the IA and comply with the terms of the IA, a Court may find me in contempt and/or the matter may be referred for other formal court proceedings.

CHILD: \_\_\_\_\_ (name) by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Printed Name:

PARENT \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Printed Name

PARENT \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Printed Name:

OTHER: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_, Relationship:

WITNESSED BY: \_\_\_\_\_  
Signature

Printed Name

Date: \_\_\_\_\_

#### APPROVED FOR FORM AND CONTENT:

Indiana Department of Child Services by:

DCS Family Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Printed Name



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DCS Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Printed Name

APPROVED and ORDERED this \_\_\_\_\_ of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
Signature

Judge,            Court



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